LTC Medical Eligibility and PASRR / AssessmentPro

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Thursday August 27, 2020
Agenda

• When a LTC medical assessment is required

• Introduction to PASRR and AssessmentPro

• When to start the PASRR process and what documentation is needed

• How to complete a PASRR Level-I submission in AssessmentPro

• Q & A
Long-Term-Care Medical Assessment
When is a Med Assessment Required

- In order to comply with State statute a preadmission Long Term Care (LTC) Advisory assessment must be completed prior to being admitted to a Nursing Facility (NF).

- MaineASA assess individuals 18 years or older in a variety of settings

  *(Hospitals, NF, Individuals Homes, and other Health Care Facilities)*

- LTC assessment may be delayed when Individual is transferring from Hospital to a NF under Medicare *(or any other private insurance coverage)*, until exhaustion of insurance covered skilled stay.

- LTC assessment is not required for 30-day private pay respite stay *(If anticipated to exceed 30-days, Facility needs to request assessment prior 30th day)*

- Any time an Individual will be going into long-term care facility they will require a PASRR Level-I screen.
Medical Assessment - Required Documentation

• Face sheet
• History and Physical
• MD progress note for last 48 hours for hospital for NF most recent
• NN for past 48 hours for hospital past week for NF or most recently nursing summary
• MAR (CRMA and nursing) for 7 days prior to the date of the scheduled assessment
• TAR for 7 days prior to the date of the scheduled assessment
• CNA/PSS documentation of ADL performance 7 days prior to the date of the scheduled assessment
• Mood flow sheet
• Behavior flow sheet (wandering, verbal and physically abusive behavior, socially inappropriate behavior and resistance to care) for 7 days prior to the date of the scheduled assessment
• Therapy notes if therapy continuing - including the initial eval outlining goals and rehab potential and most recent therapy visit
• Wound Care sheet or Note- describing the wound and staging if decubitus
When is a Med Assessment Required

- An individual must be determined medically eligible for Nursing home level of care as per MaineCare Policy Section 67 by the Department or its Authorized Agent
- Hospital to a NF Long Term Care
- Skilled NF level swing-bed 100% MaineCare
- Days awaiting NF placement at Hospital
- Home to NF Long Term Care
- Need NF LTC MaineCare to cover secondary copay
- Off skilled rehab to remain at NF Long Term Care
- Expired 7-day bed hold (7 midnights) (expires after 8 midnights or more)
Med Referral form

Intake Coordinator pre-screens all referrals to ensure that only appropriate referrals are entered into Mecare

**Accurate pre-screens depend on:**

- A referral form with all required fields completed
- Required documents received
- Supporting paperwork received
- Other pertinent information
Incomplete referrals may cause delays in completion of the assessment and may result in payment issues for the provider and/or delays in facility discharges.

Referral dates will be changed to reflect date of complete referral

MaineCare Policy Section 67 states: The NF shall request an eligibility assessment by submitting a complete referral form to the Department or its Authorized Entity. An incomplete form will delay the assessment until receipt of a complete form and required documents.
Medical Eligibility Hospital referral process

Information the ME ASA Intake team requires to process the referral:

- Level of Care (LOC) = LOC the individual is discharging to
- Pay Source = with the admitting facility
- Room # always needed on the referral form
- Discharge Date
- Facility Name = Name of facility discharging to
- Admit Date = date admitted to the hospital
- Acute Care Denial letter date = if you have an acute care denial date on the referral the letter needs to be sent in with the referral

*If not included will cause a delay in processing the referral*
Medical Eligibility Hospital referral process

Types of Assessments completed at the hospital:

#1 LTC ADV the individual does not have MaineCare

#17 30-day Community MaineCare

#13 Nursing facility LTC MaineCare has been applied for
   — MAXIMUS received a 123 LTC form from OFI
   — Expired 7-day NF bed hold stayed 8 midnights or more going back long-term care at the nursing facility

#14 20-day copay the individual discharging skilled going back on day 20 of skilled stay to NF has no pay source to cover 20% copay, has applied for LTC MaineCare.
   — MAXIMUS has the 123 LTC form on file from OFI
   — Provide 20th day, if over day 20 provide 20th day and 100th day

#31 Residential Care
**Timely Referral:** Referral for LTC assessment needs to be submitted the same day the acute care denial letter is issued.

When referral is timely the eligibility start date for DAP (*MaineCare individuals*):

1. Acute care denial letter is issued after admission date
   
   **Eligibility** = 24 hours post Acute Care Denial

2. Acute care denial letter is issued on date of admission

   **Eligibility** = Date of Acute Care Denial
Medical Eligibility Hospital referral process

• Assessment for discharge 24 hours to complete the assessment

• All referrals submitted after 4PM allows the ME ASA program an extra day to assess

• Psychiatric unit requesting assessment and there is no discharge date known – assessment will be completed in 5 business days
• Psychiatric unit with discharge date 24 hours to complete the assessment
• Psychiatric unit with Acute Care Denial for DAP 24 hours to complete the assessment
Acquired Brain Injury for Facility

• Referral Type #25 - Traumatic Brain Injury (TBI) - Nursing Facility

• River Ridge and Brewer Center for Health and Rehab are the two Brain Injury nursing facilities in Maine.

• Neuropsychological evaluation must be sent with the referral
Pre-Assessment Screening for Residential Review

PASRR
History and Physical
This needs to have been completed within the last 364 days and include a full review of systems, including psych

Documents to Support a Categorical Determination
This may include documents supporting a terminal illness categorical with prognosis of less than 6 months, as well as mental status exams to show advanced dementia for the dementia exclusion outcome
Assessments are currently being completed remotely, and we’re asking for documents to be submitted prior to the Level II being referred so the Level II Assessors can review the record before calling to complete the interview.

Once we return to on-site assessments, the Level II Assessor will still need to see all these documents. They will need to be provided to them on-site as available.
History and Physical completed within the last 364 days, which includes a full review of systems, including psych

Recent Medication List, including all medications currently prescribed and any trials that may have occurred while hospitalized or in the past (if known)

Psychiatric Evaluation

Doctors’ and Nurses’ Daily Progress Notes

These will hopefully discuss psych presentation and stability and the assessor can include information from these in the assessment. Nurses notes can speak to the support the individual needs each day for personal care and daily tasks

Occupational, Physical, or Speech Therapy Notes
Maximus has been contracted to partner with the State of Maine’s Department of Health and Human Services, through the Office of Aging and Disability (OADS), as manager of its Statewide Assessing Services. This single Assessing Services Agency (ASA) Program will encompass a series of programs, including:

- Long Term Care (LTC)
- ABI, ORC, ICF/IDD, GPU

**CONTACT THE HELP DESK**

Phone, Fax & Email
- 833.525.5784
- 844.356.7500
- Ask-MaineASA@maximus.com
- Maine-ASA@maximus.com
## USER REGISTRATION TRAINING

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## GENERAL SYSTEM TRAINING

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AssessmentPro